

# NCPDP B2 CODE VALUES

#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
1	Transaction Header	102-A2	Version/Release Number  Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	01=Version 1.0 03=Version 3.0 31=Version 3.1 32=Version 3.2 3A=Standard Claim/Reversal 3B=Workers Compensation 3C=Medicaid Claim/Reversal 33=Version 3.3 34=Version 3.4 35=Version 3.5 40=Version 4.0 41=Version 4.1 42=Version 4.2 50=Version 5.0  ----- 10=1981 Format, Tape and Diskette 20=1991 Format, Claims Billing, Payment Tape, Claim Diskette	No Equivalent Value	51=Version 5.1

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
2	Transaction Header	103-A3	Transaction Code  Code identifying the type of transaction.	x(2)	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance Reporting C2=Controlled Substance Reporting Reversal C3=Controlled Substance Reporting Rebill	No Equivalent Value	B2=Reversal
3	Transaction Header	109-A9	Transaction Count  Count of transactions in the transmission.	x(1)	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	No Equivalent Value	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences



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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
4	Transaction Header	202-B2	Service Provider ID Qualifier  Code qualifying the 'Service Provider ID' (201-B1).	x(2)	Blank=Not Specified 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	No Equivalent Value	Blank=Not Specified 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
5		111-AM	Segment Identification  Identifies the segment in the request and/or response.	x(2)	Blank=Not Specified 01=Patient 02=Pharmacy Provider 03=Prescriber 04=Insurance 05=Coordination of Benefits/Other Payments 06=Worker's Compensation 07=Claim 08=DUR/PPS 09=Coupon 10=Compound 11=Pricing 12=Prior Authorization 13=Clinical 20=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response Prior Authorization	No Equivalent Value	Blank=Not Specified 01=Patient 02=Pharmacy Provider 03=Prescriber 04=Insurance 05=Coordination of Benefits/Other Payments 06=Worker's Compensation 07=Claim 08=DUR/PPS 09=Coupon 10=Compound 11=Pricing 12=Prior Authorization 13=Clinical 20=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response Prior Authorization
6	Patient	331-CX	Patient ID Qualifier  Code qualifying the 'Patient ID' (332-CY).	x(2)	Blank=Not Specified 01=Social Security Number 02=Driver's License Number 03=U.S. Military ID 99=Other	No Equivalent Value	Blank=Not Specified 01=Social Security Number 02=Driver's License Number 03=U.S. Military ID 99=Other
7	Patient	305-C5	Patient Gender Code  Code indicating the gender of the individual.	9(1)	0=Not Specified 1=Male 2=Female	RECIPIENT GENDER  F – Female  M - Male	0=Not Specified 1=Male 2=Female

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
8	Patient	324-CO	<p>Patient State/Province Address</p> <p>Standard State/Province Code as defined by appropriate government agency.</p>	x(2)	<p><u>See Appendix L</u> - United States and Canadian Province Postal Service Abbreviations</p> <p>Appendix L attached. Can't place all the codes here due to a big table.</p>  <p>"NCPDP Data Dictionary App L.doc"</p>	<p>AK - ALASKA AL - ALABAMA AR - ARKANSAS AZ - ARIZONA CA - CALIFORNIA CN - CANADA CO - COLORADO CT - CONNECTICUT DC - DISTRICT OF COLUMBIA DE - DELAWARE FL - FLORIDA GA - GEORGIA HI - HAWAII IA - IOWA ID - IDAHO IL - ILLINOIS IN - INDIANA KS - KANSAS KY - KENTUCKY LA - LOUISIANA MA - MASSACHUSETTS MD - MARYLAND ME - MAINE MI - MICHIGAN MN - MINNESOTA MO - MISSOURI MS - MISSISSIPPI MT - MONTANA MX - MEXICO NC - NORTH CAROLINA ND - NORTH DAKOTA NE - NEBRASKA NH - NEW HAMPSHIRE NJ - NEW JERSEY NM - NEW MEXICO NV - NEVADA NY - NEW YORK OH - OHIO OK - OKLAHOMA OR - OREGON PA - PENNSYLVANIA PR - PUERTO RICO RI - RHODE ISLAND SC - SOUTH CAROLINA SD - SOUTH DAKOTA</p>	<p><u>See Appendix L</u> - United States and Canadian Province Postal Service Abbreviations</p> <p>Appendix L attached. Can't place all the codes here due to a big table.</p>  <p>"NCPDP Data Dictionary App L.doc"</p>

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
9	Patient	307-C7	Patient Location  Code identifying the location of the patient when receiving pharmacy services.	9(2)	0=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice	No Equivalent Value	0=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice
10	Patient	334-1C	Smoker/Non-Smoker Code  Code indicating the patient as a smoker or non-smoker.	x(1)	Blank=Not Specified 1=Non-Smoker 2=Smoker	No Equivalent Value	Blank=Not Specified 1=Non-Smoker 2=Smoker
11	Patient	335-2C	Pregnancy Indicator  Code indicating the patient as pregnant or non-pregnant.	x(1)	Blank=Not Specified 1=Not pregnant 2=Pregnant	No Equivalent Value	Blank=Not Specified 1=Not pregnant 2=Pregnant
12	Insurance	309-C9	Eligibility Clarification Code  Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.	9(1)	0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	No Equivalent Value	0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
13	Insurance	306-C6	Patient Relationship Code  Code indicating relationship of patient to cardholder.	9(1)	0=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other	INSURED RELATIONSHIP  A - Absent Parent (CSEA)  C – Child  G – Guarantor  L - Legal Guardian  O – Other  P – Parent  S – Self	0=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other
14	Claim	455-EM	Prescription/ Service Reference Number Qualifier  Indicates the type of billing submitted.	x(1)	Blank=Not Specified 1=Rx Billing 2=Service Billing	No Equivalent Value	Blank=Not Specified 1=Rx Billing 2=Service Billing

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
15	Claim	436-E1	Product/Service ID Qualifier  Code qualifying the value in 'Product/Service ID' (407-D7).	x(2)	<u>From Appendix K: for 436-E1</u>  Blank - Not Specified 00 - Not Specified 01 - Universal Product Code (UPC) 02 - Health Related Item (HRI) 03 - National Drug Code (NDC) 04 - Universal Product Number (UPN) 05 - Department of Defense (DOD) 06 - Drug Use Review/ Professional Pharmacy Service (DUR/PPS) 07 - Common Procedure Terminology (CPT4) 08 - Common Procedure Terminology (CPT5) 09 - Health Care Financing Administration Common Procedural Coding System (HCPCS) 10 - Pharmacy Practice Activity Classification (PPAC) 11 - National Pharmaceutical Product Interface Code(NAPPI) 12 - International Article Numbering System(EAN) 13 - Drug Identification Number(DIN) 99 - Other	No Equivalent Value	<u>From Appendix K: for 436-E1</u>  Blank - Not Specified 00 - Not Specified 01 - Universal Product Code (UPC) 02 - Health Related Item (HRI) 03 - National Drug Code (NDC) 04 - Universal Product Number (UPN) 05 - Department of Defense (DOD) 06 - Drug Use Review/ Professional Pharmacy Service (DUR/PPS) 07 - Common Procedure Terminology (CPT4) 08 - Common Procedure Terminology (CPT5) 09 - Health Care Financing Administration Common Procedural Coding System (HCPCS) 10 - Pharmacy Practice Activity Classification (PPAC) 11 - National Pharmaceutical Product Interface Code(NAPPI) 12 - International Article Numbering System(EAN) 13 - Drug Identification Number(DIN) 99 - Other



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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
16	Claim	403-D3	Fill Number  The code indicating whether the prescription is an original or a refill.	9(2)	0=Original dispensing 1 to 99 = Refill number	No Equivalent Value	0=Original dispensing 1 to 99 = Refill number
17	Claim	406-D6	Compound Code  Code indicating whether or not the prescription is a compound.	9(1)	0=Not Specified 1=Not a Compound 2=Compound	No Equivalent Value	0=Not Specified 1=Not a Compound 2=Compound

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
18	Claim	408-D8	<p>Dispense As Written (DAW)/ Product Selection Code</p> <p>Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.</p>	x(1)	<p><u>0=No Product Selection Indicated</u>-This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed.</p> <p><u>1=Substitution Not Allowed by Prescriber</u>-This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written.</p> <p><u>2=Substitution Allowed-Patient Requested Product Dispensed</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.</p>	No Equivalent Value	<p><u>0=No Product Selection Indicated</u>-This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed.</p> <p><u>1=Substitution Not Allowed by Prescriber</u>-This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written.</p> <p><u>2=Substitution Allowed-Patient Requested Product Dispensed</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.</p>

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
19	Claim	408-D8	<p>Dispense As Written (DAW)/ Product Selection Code</p> <p>Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.</p>	x(1)	<p>(Continue....)</p> <p><u>3=Substitution Allowed- Pharmacist Selected Product Dispensed</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.</p> <p><u>4=Substitution Allowed- Generic Drug Not in Stock</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.</p>	No Equivalent Value	<p><u>3=Substitution Allowed-Pharmacist Selected Product Dispensed</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.</p> <p><u>4=Substitution Allowed-Generic Drug Not in Stock</u>-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.</p>

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
20	Claim	419-DJ	Prescription Origin Code  Code indicating the origin of the prescription.	9(1)	0=Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	No Equivalent Value	0=Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
21	Claim	420-DK	Submission Clarification Code  Code indicating that the pharmacist is clarifying the submission.	9(2)	<u>0=Not Specified</u> , Default <u>1=No Override</u> <u>2=Other Override</u> <u>3=Vacation Supply</u> -The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine. <u>4=Lost Prescription</u> -The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost. <u>5=Therapy Change</u> -The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc. <u>6=Starter Dose</u> -The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. <u>7=Medically Necessary</u> -The pharmacist is indicating that this medication has been determined by the physician to be medically necessary <u>8=Process Compound For Approved Ingredients</u> <u>9=Encounters</u> <u>99=Other</u>	No Equivalent Value	<u>0=Not Specified</u> , Default <u>1=No Override</u> <u>2=Other Override</u> <u>3=Vacation Supply</u> -The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine. <u>4=Lost Prescription</u> -The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost. <u>5=Therapy Change</u> -The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc. <u>6=Starter Dose</u> -The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. <u>7=Medically Necessary</u> -The pharmacist is indicating that this medication has been determined by the physician to be medically necessary <u>8=Process Compound For Approved Ingredients</u> <u>9=Encounters</u> <u>99=Other</u>

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
22	Claim	308-C8	Other Coverage Code  Code indicating whether or not the patient has other insurance coverage.	9(2)	0=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage denied-not a participating provider 7=Other coverage exists-not in effect at time of service 8=Claim is a billing for a copay	No Equivalent Value	0=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage denied-not a participating provider 7=Other coverage exists-not in effect at time of service 8=Claim is a billing for a copay
23	Claim	429-DT	Unit Dose Indicator  Code indicating the type of unit dose dispensing.	9(1)	0=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose	No Equivalent Value	0=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose
24	Claim	600-28	Unit Of Measure  NCPDP standard product billing codes.	x(2)	EA=Each GM=Grams ML=Milliliters	No Equivalent Value	EA=Each GM=Grams ML=Milliliters
25	Claim	418-DI	Level Of Service  Coding indicating the type of service the provider rendered.	9(2)	0=Not Specified 1=Patient consultation 2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service	No Equivalent Value	0=Not Specified 1=Patient consultation 2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
26	Claim	461-EU	Prior Authorization Type Code  Code clarifying the 'Prior Authorization Number' (462-EV).	9(2)	0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	No Equivalent Value	0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption
27	Claim	463-EW	Intermediary Authorization Type ID  Value indicating that authorization occurred for intermediary processing.	9(2)	0=Not Specified 1=Intermediary Authorization 99=Other Override	No Equivalent Value	0=Not Specified 1=Intermediary Authorization 99=Other Override
28	Claim	343-HD	Dispensing Status  Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	No Equivalent Value	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
29	DUR/PPS	439-E4	Reason For Service Code  Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	AD=Additional Drug Needed AN=Prescription Authentication AR=Adverse Drug Reaction AT=Additive Toxicity <b>CD=Chronic Disease Management</b> CH=Call Help Desk CS=Patient Complaint/Symptom DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction DF=Drug-Food interaction DI=Drug Incompatibility DL=Drug-Lab Conflict DM=Apparent Drug Misuse DS=Tobacco Use ED=Patient Education/Instruction ER=Overuse EX=Excessive Quantity HD=High Dose IC=Idrogenic Condition ID=Ingredient Duplication LD=Low Dose <b>LK=Lock In Recipient</b> LR=Underuse MC=Drug-Disease (Reported) MN=Insufficeint Duration MS=Missing Information/Clarification MX=Excessive Duration NA=Drug Not Available NC=Non-covered Drug Purchase ND=New Disease/Diagnosis NF=Non-Formulary Drug NN=Unnecessary Drug NP=New Patient Processing NR=Lactation/Nursing Interaction NS=Insufficient Quantity OH=Alcohol Conflict	No Equivalent Value	AD=Additional Drug Needed AN=Prescription Authentication AR=Adverse Drug Reaction AT=Additive Toxicity <b>CD=Chronic Disease Management</b> CH=Call Help Desk CS=Patient Complaint/Symptom DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction DF=Drug-Food interaction DI=Drug Incompatibility DL=Drug-Lab Conflict DM=Apparent Drug Misuse DS=Tobacco Use ED=Patient Education/Instruction ER=Overuse EX=Excessive Quantity HD=High Dose IC=Idrogenic Condition ID=Ingredient Duplication LD=Low Dose <b>LK=Lock In Recipient</b> LR=Underuse MC=Drug-Disease (Reported) MN=Insufficeint Duration MS=Missing Information/Clarification MX=Excessive Duration NA=Drug Not Available NC=Non-covered Drug Purchase ND=New Disease/Diagnosis NF=Non-Formulary Drug NN=Unnecessary Drug NP=New Patient Processing NR=Lactation/Nursing Interaction NS=Insufficient Quantity OH=Alcohol Conflict



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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
30	DUR/PPS	439-E4	Reason For Service Code  (Continued....)  Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.		<b>Continue....</b> PA=Drug-Age PC=Patient Question/Concern PG=Drug-Pregnancy <b>PH=Preventive Health Care</b> PN=Prescriber Consultation PP=Plan Protocol PR=Prior Adverse Reaction PS=Product Selection Opportunity <b>RE=Suspected Environmental Risk</b> RF=Health Provider Referral <b>SC=Suboptimal Compliance</b> SD=Suboptimal Drug/Indication SE=Side Effect SF=Suboptimal Dosage Form SR=Suboptimal Regimen SX=Drug-Gender TD=Therapeutic TN=Laboratory Test Needed TP=Payer/Processor Question	No Equivalent Value	<b>Continue....</b> PA=Drug-Age PC=Patient Question/Concern PG=Drug-Pregnancy <b>PH=Preventive Health Care</b> PN=Prescriber Consultation PP=Plan Protocol PR=Prior Adverse Reaction PS=Product Selection Opportunity <b>RE=Suspected Environmental Risk</b> RF=Health Provider Referral <b>SC=Suboptimal Compliance</b> SD=Suboptimal Drug/Indication SE=Side Effect SF=Suboptimal Dosage Form SR=Suboptimal Regimen SX=Drug-Gender TD=Therapeutic TN=Laboratory Test Needed TP=Payer/Processor Question

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
31	DUR/PPS	440-E5	Professional Service Code  Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	x(2)	00=No intervention AS=Patient assessment CC=Coordination of care DE=Dosing evaluation/determination FE=Formulary enforcement GP=Generic product selection MA=Medication administration M0=Prescriber consulted MR=Medication review PE=Patient education/instruction PH=Patient medication history PM=Patient monitoring P0=Patient consulted PT=Perform laboratory test R0=Pharmacist consulted other source RT=Recommend laboratory test SC=Self-care consultation SW=Literature search/review TC=Payer/processor consulted TH=Therapeutic product interchange	No Equivalent Value	00=No intervention AS=Patient assessment CC=Coordination of care DE=Dosing evaluation/determination FE=Formulary enforcement GP=Generic product selection MA=Medication administration M0=Prescriber consulted MR=Medication review PE=Patient education/instruction PH=Patient medication history PM=Patient monitoring P0=Patient consulted PT=Perform laboratory test R0=Pharmacist consulted other source RT=Recommend laboratory test SC=Self-care consultation SW=Literature search/review TC=Payer/processor consulted TH=Therapeutic product interchange

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#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
32	DUR/PPS	441-E6	Result of Service Code  Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)	00=Not Specified 1A=Filled As Is, False Positive 1B=Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 1H=Brand-to-Generic Change 1J=Rx-to-OTC Change 1K=Filled with Different Dosage Form 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3A=Recommendation Accepted 3B=Recommendation Not Accepted 3C=Discontinued Drug 3D=Regimen Changed 3E=Therapy Changed 3F=Therapy Changed-cost increased acknowledged 3G=Drug Therapy Unchanged 3H=Follow -Up/Report 3J=Patient Referral <b>3K=Instructions Understood</b> 3M=Compliance Aid Provided <b>3N=Medication Administered</b>	No Equivalent Value	00=Not Specified 1A=Filled As Is, False Positive 1B=Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 1H=Brand-to-Generic Change 1J=Rx-to-OTC Change 1K=Filled with Different Dosage Form 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3A=Recommendation Accepted 3B=Recommendation Not Accepted 3C=Discontinued Drug 3D=Regimen Changed 3E=Therapy Changed 3F=Therapy Changed-cost increased acknowledged 3G=Drug Therapy Unchanged 3H=Follow -Up/Report 3J=Patient Referral <b>3K=Instructions Understood</b> 3M=Compliance Aid Provided <b>3N=Medication Administered</b>

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33	DUR/PPS	474-8E	DUR/PPS Level Of Effort  Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.	9(2)	0=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	No Equivalent Value	0=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)

# NCPDP B2 CODE VALUES

#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
34	DUR/PPS	475-J9	DUR Co-Agent ID Qualifier  Code qualifying the value in 'DUR Co- Agent ID' (476-H6).	x(2)	Appendix K – DUR Co-agent ID Qualifier:  Blank - Not Specified  01 - Universal Product Code (UPC)  02 - Health Related Item (HRI)  03 - National Drug Code (NDC)  04 - Universal Product Number (UPN)  05 - Department of Defense (DOD)  07 - Common Procedure Terminology (CPT4)  08 - Common Procedure Terminology (CPT5)  09 - Health Care Financing Administration Common Procedural Coding System (HCPCS)  11 - National Pharmaceutical Product Interface Code(NAPPI)  12 - International Article Numbering System(EAN)  13 - Drug Identification Number(DIN)  14 - Medi-Span GPI  15 - First DataBank GCN  16 - Medical Economics GPO  17 - Medi-Span DDID  18 - First DataBank SmartKey  19 - Medical Economics GM	No Equivalent Value	Appendix K – DUR Co-agent ID Qualifier:  Blank - Not Specified  01 - Universal Product Code (UPC)  02 - Health Related Item (HRI)  03 - National Drug Code (NDC)  04 - Universal Product Number (UPN)  05 - Department of Defense (DOD)  07 - Common Procedure Terminology (CPT4)  08 - Common Procedure Terminology (CPT5)  09 - Health Care Financing Administration Common Procedural Coding System (HCPCS)  11 - National Pharmaceutical Product Interface Code(NAPPI)  12 - International Article Numbering System(EAN)  13 - Drug Identification Number(DIN)  14 - Medi-Span GPI  15 - First DataBank GCN  16 - Medical Economics GPO  17 - Medi-Span DDID  18 - First DataBank SmartKey  19 - Medical Economics GM

# NCPDP B2 CODE VALUES

#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
35	DUR/PPS	475-J9	DUR Co-Agent ID Qualifier  Code qualifying the value in 'DUR Co- Agent ID' (476-H6).	x(2)	Continue...  20 - International Classification of Diseases(ICD9) 21 - International Classification of Diseases (ICD10) 22 - Medi-Span Diagnosis Code 23 - National Criteria Care Institute(NCCI) 24 - The Systematized Nomenclature of Human and Veterinary Medicine (SN- OMED)25 - Common Dental Terminology (CDT) 26 - American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV) 99 - Other	No Equivalent Value	Continue...  20 - International Classification of Diseases(ICD9) 21 - International Classification of Diseases (ICD10) 22 - Medi-Span Diagnosis Code 23 - National Criteria Care Institute(NCCI) 24 - The Systematized Nomenclature of Human and Veterinary Medicine (SN-OMED)25 - Common Dental Terminology (CDT) 26 - American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV) 99 - Other
36	Pricing	479-H8	Other Amount Claimed Submitted Qualifier  Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (480- H9).	x(2)	Blank=Not Specified 01=Delivery Cost 02=Shipping Cost 03=Postage Cost 04=Administrative Cost 99=Other	No Equivalent Value	Blank=Not Specified 01=Delivery Cost 02=Shipping Cost 03=Postage Cost 04=Administrative Cost 99=Other

# NCPDP B2 CODE VALUES

#	SEGMENTS	FIELD	NAME OF FIELD DEFINITION OF FIELD	FIELD FORMAT	VALUES	AHCCCS VALUES & DESCRIPTION	Mapping Decision
37	Pricing	484-JE	Percentage Sales Tax Basis Submitted  Code indicating the basis for percentage sales tax.	x(2)	Blank=Not Specified 01=Gross Amount Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee	No Equivalent Value	Blank=Not Specified 01=Gross Amount Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee
38	Pricing	423-DN	Basis Of Cost Determination  Code indicating the method by which 'Ingredient Cost Submitted' (Field 409-D9) was calculated.	x(2)	Blank=Not Specified 00=Not Specified 01=AWP (Average Wholesale Price) 02=Local Wholesaler 03=Direct 04=EAC (Estimated Acquisition Cost) 05=Acquisition 06=MAC (Maximum Allowable Cost) 07=Usual & Customary 09=Other	No Equivalent Value	Blank=Not Specified 00=Not Specified 01=AWP (Average Wholesale Price) 02=Local Wholesaler 03=Direct 04=EAC (Estimated Acquisition Cost) 05=Acquisition 06=MAC (Maximum Allowable Cost) 07=Usual & Customary 09=Other